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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

62

Total Number of Pages in This Submission

Application Number	09/942,338
Filing Date	August 28, 2001
First Named Inventor	John M. Caywood
Art Unit	2814
Examiner Name	Howard Weiss
Attorney Docket Number	CAY-006

ENCLOSURES (check all that apply)							
Fee Transmittal F	-orm	☐ Drawing(s)	After Allowance Communication to Group				
☐ Fee Attached	I	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Rep	ply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Convert to a Provisional Application	Proprietary Information				
Affidavits/dec	daration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
Extension of Time Request		☐ Terminal Disclaimers (3)	Other Enclosure(s) (please identify below):				
Express Abandonment Request		Request for Refund CD, Number of CD(s)	Copy of Information Disclosure Statement filed on September 19, 2001; copy of postcard with USPTO acknowledgement of				
Information Disclosure Statement			receipt on September 21, 2001 (7 pages).				
Certified Copy of Document(s)	Priority	Remarks					
Response to Miss Incomplete Applic							
Response to Missing							
Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm David B. Ritchie, Reg. No. 31,562							
<i>or</i> Individual name	Thelen Reid & Priest						
Signature	A						
Date 10-6-2004							
CERTIFICATE OF TRANSMISSION/MAILING							

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Date

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete if Known			
Application Number	09/942,338		
Filing Date	August 28, 2001		
First Named Inventor	John M. Caywood		
Examiner Name	Howard Weiss		
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Attorney Docket No.	CAY-006		

METHOD OF PAYMENT (check all that apply)					E CALCULATION (continued)	
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None	3. AE	ODITION	1			
Order	Large	Entity	Small E	intity		
Deposit Account:	Fee	Fee	Fee	Fee	Fee Prescription Fee	Paid
Deposit	Code	(\$)	Code	(\$)		Palu
Account 50-1698	1051	130	2051	65	Surcharge - late filing fee or oath	<u> </u>
Number	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit Thelen Reid & Priest LLP Account P.O. Box 640640	1053	130	1053	130	Non-English specification	
Name San Jose, CA 95164-0640	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
☐ Charge ee(s) indicated below ☐ Create any overpayments ☐ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	430	2252	215	Extension for reply within second month	
1. BASIC FILING FEE	1252	980	2252	490		490
Large Entity Small Entity	1253	1,530	2253	765	Extension for reply within third month	490
Fee Fee Fee Fee Description		·			Extension for reply within fourth month	\vdash
Code (\$) Code (\$) Fee Paid	1255	2,080	2255	1,040	Extension for reply within fifth month	
1001 790 2001 395 Utility filing fee	1401	340	2401	170	Notice of Appeal	<u> </u>
1002 350 2002 175 Design filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1003 550 2003 275 Plant filing fee	1403	300	2403	150	Request for oral hearing	
1004 790 2004 395 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filling fee	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,330	2453	665	Petition to revive – unintentional	
SUBTOTAL (1) (\$) 0	1501	1,370	2501	685	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	490	2502	245	Design issue fee	
Fee from	1503	660	2503	330	Plant issue fee	
Extra Claims below Fee Paid	1460	130	1460	130	Petitions to the Commissioner	\vdash
Total Claims 93 -20 ** = 73 X = 0	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	\vdash
Independent Claims 21 -3 ** = 18 X = 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple X = 0	8021	40	8021	40	Recording each patent assignment per	
Dependent	1809	790	2809	395	property (times number of properties) Filing a submission after final rejection	
Fee Fee Fee Fee Fee Description					(37 CFR § 1.129(a))	
Code (\$) Code (\$)	1810	790	2810	395	For each additional invention to be	
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	ł				examined (37 CFR § 1.129(b))	
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1801	790	2801	395	Request for Continued Examination (RCE)	
1204 88 2204 44 "Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Char	for (name	£ 0 /004 A	` T hron	of a design application	165
SUBTOTAL (2) (\$) 0			•		(3) Terminal Disclaimers	105
**or number previously paid. If greater: For Reissues, see above **Or number previously paid. If greater: For Reissues, see above \$\$UBTOTAL (3) (\$) 655				3 F88 F		,

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	DAVID B, RITCHIE	Registration No. (Attorney/Agent)	Telephone	4082821856		
Signature			Date	10-6-2004		

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